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CLAIMS ONLY						Application Number 10 687035	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
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48							
49							
50							
Total Indep							
Total Depend							
Total Claims							

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CLAIMS ONLY						Application Number 10/687035	Filing Date				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments				
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
101	X						151				
102	X						152				
103							153				
104							154				
105							155				
106							156				
107		2					157				
108		2					158				
109		2					159				
110	X						160				
111	X						161				
112							162				
113							163				
114							164				
115							165				
116		1					166				
117		1					167				
118	X						168				
119	X						169				
120							170				
121							171				
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144							194				
145							195				
146							196				
147							197				
148							198				
149							199				
150							200				
Total Indep	5						Total Indep				
Total Depend	50						Total Depend				
Total Claims	55						Total Claims				